STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195620	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pointe Coupee Healthcare	1820 False River Road New Roads, LA 70760

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure a hearing impaired resident was provided with an alternate means of communication for 1 (#97) of 2 (#36 and #97)hearing impaired residents reviewed in the sample. Review of the facility Policy, dated 01/23/2023, Translation/Interpreting Services Policy and Procedure for Hearing and Visually Impaired and Foreign Language Speaking Residents revealed the following, in part: Purpose: to ensure the facility provides appropriate auxiliary aids and services when necessary to ensure effective communication for residents with disabilities who have a hearing impairment, reasonable accommodations must be provided. Policy: 1. The facility will provide services and communication devices in a private setting that are easily accessible to residents and are adapted to accommodate residents' preferences, needs, and abilities, such as hearing loss, vision loss, and/ or speak a foreign language. The types of services and communication devices include:Video Remote Interpreting (VRI):VRI is a form of telecommunications relay service that enables person with hearing disabilities who use American Sign Language to communicate with voice telephone users through video equipment, rather than through typed text. A resident can use sign language and an interpreter on the video chat to translate information to staff. This service can be accessed through the facility IPAD app called Interpret Manager;Other effective means of communication may require written material and tactile markings on walls. Review of Resident #97's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Hearing Loss, Bilateral and Paraplegia Review of Resident #97's Quarterly MDS, with an ARD of 01/05/2026, indicated the resident was assessed by the facility to have a BIMS of 09, which indicated the resident was moderately cognitive impaired with highly impaired hearing and unclear speech. Review of Resident #97's current Care Plan revealed following, in part:Problem: Resident #97's had difficulty with communication related to Hearing Loss, Bilateral. Interventions: Resident #97 read lips, used a communication board, and communication tablet at times. On 03/03/2026 at 8:54 a.m., an observation was conducted of Resident #97. The surveyor attempted to interview Resident #97. The surveyor asked the resident if she was able to communicate with staff, Resident #97 shrugged her shoulders as if she did not understand. No communication board or tablet noted at bedside. On 03/04/2026 at 10:56 a.m., an interview was conducted with Resident #97's daughter. She stated Resident #97 communicated via American Sign Language. Resident #97's daughter stated Resident #97 video called, used sign language to communicate, and then Resident #97's daughter emailed the DON to communicate the resident's needs. Resident #97's daughter stated Resident #97 needed a communication board or an IPAD system to communicate her needs and she did not have one at the facility. On 03/04/2026 at 3:54 p.m., an observation was conducted of Resident #97 lying supine in her bed. The surveyor attempted to interview Resident #97, unable to communicate and conducted an interview. No communication board or tablet noted at bedside. On 03/05/2026 at 9:30 a.m., an interview was conducted with S4CNA. S4CNA stated she was able to communicate to an extent with Resident #97. S4CNA confirmed Resident #97 did not have a communication board but needed one. On 03/05/2026 at 11:26 a.m., an observation was conducted of Resident #97 lying supine in her bed. The surveyor attempted (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to interview Resident #97, unable to communicate and conducted an interview. No communication board or tablet noted at bedside. On 03/05/2026 at 11:52 a.m., an interview was conducted with Resident #97 via S2SW using American Sign Language. Resident #97 confirmed she did not have a communication board or tablet. Resident #97 communicated via sign language, she did not know if staff understood her when she communicated. Resident #97 communicated via sign language that she called her sister via video chat, used American Sign Language, and then her sister contacted the facility to provide Resident #97 pain medication. S1CQI confirmed Resident #97 did not have a communication board in her room. On 03/05/2026 at 12:00 p.m., an interview was conducted with S3LPN. S3LPN stated Resident #97 video called her sister and then Resident #97's sister notified the facility the resident needed pain medication. On 03/05/2026 at 12:38 p.m., an interview was conducted with Resident #97's sister. She stated Resident #97 contacted her via video chat, she then contacted her other sister who contacted the facility to communicate the resident needed pain medication. On 03/05/2026 at 2:57 p.m., an interview was conducted with S1CQI. S1CQI confirmed Resident #97 should have a communication board at bedside and should have accommodations to communicate with staff.